



# City of San Diego PURCHASE ORDER

**PO No.** 4500103497

**Date:** 08/15/2018 **Page 1 of 1**

<b>Ship To:</b> POLICE-CHILD ABUSE 1401 BROADWAY San Diego CA 92101-5710	<b>Bill To:</b> POLICE-FISCAL 1401 BROADWAY, MS715 SAN DIEGO CA 92101-5710	<b>Billing Contact:</b> Maribel Rico-Ortiz  <b>Telephone:</b>  <b>E-Mail:</b> MRICOORTIZ@PD.SANDIEGO.G
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<b>Vendor:</b> Rady Childrens Hospital C O Attention Monica King 3020 Children's Way MC 5073 San Diego CA 92123-4223  <b>Vendor ID:</b> 10018895 <b>Telephone:</b> <b>E-Mail:</b> MMoran@rchsd.org	<b>Terms:</b> within 30 days Due net  <b>Delivery Terms:</b> FOB Destination  <b>Buyer:</b> Michael Warner <b>Telephone:</b> 619-236-6154 <b>E-Mail:</b> MWarner@sandiego.gov
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Line #	Serv #	Item ID/Description Service Description	Del.Date	Quantity/Ord UoM	Unit Price/Prc UoM Conv Factor	Extended Price
1		<b>FORENCIS MEDICAL EXAMINATION</b>  San Diego Police Dept. / Investigations I-Child Abuse  As needed for period 07/01/18-06/30/19  Requestor: Jason Weeden 619-2688 MS 744 Analyst: Rita Castillo 619-525-8450 MS715  PO number to be on all invoices.  ***To ensure prompt payments please mail invoices within five business days of service.  Invoice should be mailed to:  San Diego Police Department ATTN: Accounts Payable 1401 Broadway, MS-715 San Diego, CA 92101  **** Item partially delivered	06/30/2019	240,000 EA	1.00 EA	USD 240,000.00
<b>Notes:</b>		PO released NTE purchase order value or as may be modified by the City. Update Insurance and Business Tax Certificate as required.				

The Terms and Conditions of this Purchase Order are available at <a href="http://www.sandiego.gov/purchasing/vendor">http://www.sandiego.gov/purchasing/vendor</a>	<b>Line Item Total</b> \$ 240,000.00 <b>Tax</b> \$ 0.00
<b>IMPORTANT!</b>	
To ensure prompt payments, PO # must appear on all shipments and invoices; all invoices must be directed to <b>Billing</b> Contact person at <b>Bill-To</b> address listed above	<b>PO Total</b> \$ <b>240,000.00</b>